

**IN THE UNITED STATES PATENT  
AND TRADEMARK OFFICE**

Applicants	: <b>SHI, et al.</b>	) I hereby certify that this paper is
		) being filed electronically with the
U.S. Serial No.	: 10/791,004	) U.S. Patent and Trademark Office
		) on this date:
Filed	: March 2, 2004	)
		)
Title	: “Apparatus and Methods for	) <b>January 22, 2009</b>
	Performing Generational	)
	Escape Analysis in Managed	)
	Runtime Environments”	)
		)
		) <u>/Felipe Hernandez/</u>
Art Unit	: 2191	) Felipe Hernandez
		) Registration No. 61,971
Examiner	: Qamrun Nahar	) Attorney for Applicants

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a response to the Office action dated October 22, 2008, in the above-referenced patent application.

**1. Small Entity Status**

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☐ Small entity status has been established and is still effective.
- ☒ Has not been established.

**2. Extension of Time**

- ☐ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month		\$130.00		\$65.00
Two Months		\$490.00		\$245.00
Three Months		\$1,110.00		\$555.00
Four Months		\$1,730.00		\$865.00
Fifth Month		\$2,350.00		\$1,175.00

**If an additional Extension of Time is required, please consider this a petition therefor.**

Extension Fee: \$0.00

- ☐ An extension for            month(s) has already been secured and the fee paid therefor of \$            is deducted from the total fee due for the total months of extension now requested.

Deduction: \$0.00

**Extension Fee Due With This Request \$0.00**

### 3. Fee for Claims

- ☒ The fee for additional claims [(37 CFR 1.16(b)-(d)] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	24	MINUS	24	= 0	x26=	\$	x52=	\$0.00
INDEP.	3	MINUS	3	= 0	x110=	\$	x220=	\$0.00
First Presentation of Multiple Dependent Claim					+195=	\$	+390=	\$0.00
<b>TOTAL ADDITIONAL FEE</b>					\$		<b>OR</b>	\$0.00

### 4. Method of Payment of Fees

- ☐ Charge Deposit Account No. 50-2455 in the amount of: \$0.00
- ☐ Electronic Funds Transfer in the amount of: **\$0.00**
- ☒ No Payment Due

### 5. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount submitted or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 50-2455.

Please refund any overpayment to Hanley, Flight & Zimmerman, LLC at the address below.

Respectfully submitted,

HANLEY, FLIGHT & ZIMMERMAN, LLC  
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Suite 2100  
Chicago, Illinois 60606  
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By: /Felipe Hernandez/  
Felipe Hernandez  
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January 22, 2009